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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.:	09/737,047	Confirmation No.	N/A
Applicant(s):	Thea E. Lubrecht		
Title	Low Silicone Glass Prefillable Syringe		
Filed:	14 December 2000		
TC/A.U.:	3763		
Examiner:	Sharon Kennedy		
Docket No.:	P-3918D1		
Customer No.:	26253		

Commissioner for Patents
P.O. Box 1450
Mail Stop Petitions
Alexandria, VA 22313-1450

PETITION FOR REVIVAL OF APPLICATION FOR PATENT
ABANDONED UNINTENTIONALLY UNDER 37 C.F.R. §1.137(b)

The above-identified patent application became abandoned for failure to pay the Issue Fee due on November 27, 2001, in response to the Notice of Allowance mailed on August 27, 2001, as supplemented by the USPTO on November 28, 2001. Applicant respectfully submits this

Petition under 37 C.F.R. §1.137(b)

04/24/2006 WABDELRI 00000004 021666 09737047

01 FC:1453 1500.00 DA

APPLICANT PETITIONS FOR REVIVAL OF THIS APPLICATION

1. Applicant hereby authorizes the Commissioner to charge the amount of \$1,500.00 for the Petition Fee required pursuant to 37 C.F.R. § 1.17(m) to Deposit Account No. 02-1666.

2. Applicant respectfully submits that the Issue Fee was timely paid on November 12, 2001. Attached hereto as Exhibit A are: (a) a copy of applicant's Issue Fee Transmittal, with a signed certificate of mailing, mailed by applicant on November 12, 2001; and (b) applicant's return receipt post card.

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Application No.: 09/737,047
Response Dated April 17, 2006
Reply to Notice of Allowance of August 27, 2001

3. STATEMENT: Applicant states that the entire delay in filing this Petition for Revival was unintentional. Therefore, the undersigned attorney respectfully submits that the application was unintentionally abandoned and that the entire delay in filing this Petition was inadvertent and unintentional.

4. Please charge any additional fees for the filing of this Petition to Deposit Account No. 02-1666, or credit the Deposit Account for any overpayment.

Any questions concerning this application or amendment may be directed to the undersigned agent of applicant.

Respectfully submitted,

Dated: April 17, 2006

By:



David M. Fortunato
Attorney for Applicant(s)
Reg. No. 42,548
(201) 847-6940

Application No.: 09/737,047
Response Dated April 17, 2006
Reply to Notice of Allowance of August 27, 2001

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EXHIBIT A

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MAILING-INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance order and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

026253 QM31 / 0827
BECTON, DICKINSON AND COMPANY
1 BECTON DRIVE
FRANKLIN LAKES NJ 07417-1880

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying paper or for additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Mary Lou Kittren

(Depositor's name)

Mary Lou Kittren
11-13-01

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/737,047	12/14/00	013	KENNEDY, S	3763 08/27/01
First Named Applicant LUBRECHT,		35 USC 154(b) term ext. =		0 Days.

TITLE OF INVENTION: LOW SILICONE GLASS PREFILLABLE SYRINGE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 P-3918D1	604-230.000	L21	UTILITY	NO	\$1280.00	11/27/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Allen W. Wark, Esq.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Becton Dickinson and Company

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Franklin Lakes, NJ 07417

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies _____

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-1666

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee

Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

11/12/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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TRANSMIT THIS FORM WITH FEE

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The Return of this post card, Properly stamped, will acknowledge receipt in the Patent & Trademark Office of the following:

- 1.- Issue Fee Transmittal - 2 copies
- 2.-
- 3.-
- 4.-
- 5.-

Docket No.: P-3918D1 Serial No.: 09 / 737,047

Filing Date: December 14, 2000 Date Mailed: November 13, 2001

Applicant(s) Thea E. Lubrecht Atty: AWW

Title: Low Silicone Glass Prefillable Syringe

Fee: \$1310.00 Charged to Deposit Account 02-1666

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s):

Docket No.

P-3918D1

Application No. 09/737,047	Filing Date December 14, 2000	Examiner Sharon Kennedy	Customer No. 26253	Group Art Unit 3763
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Invention: **LOW SILICONE GLASS PREFILLABLE SYRINGE**

I hereby certify that this **Petition for Revival of Application for Patent Abandoned Unintentionally** _____
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
April 18, 2006

*(Date)***Donna M. Baumann***(Typed or Printed Name of Person Mailing Correspondence)*

A handwritten signature in black ink that reads "Donna M. Baumann".

(Signature of Person Mailing Correspondence)

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